

LEADERSHIP ASSESSMENT & ADVISORY SERVICE REQUEST FORM (W912-HQ-D-006)

This form must be attached to your Delivery Order and submitted to Gallup in order to obtain Gallup Services

Complete this form and fax to Gallup: 402-938-5916 Date: _____

Complete this form and fax to Gallup: 402-938-5916 Date: _____

Email will_travis@gallup.com

Email bill_thompson@gallup.com

From:

POC: _____ Title: _____

Phone: _____ Fax: _____

City: _____ State: _____ Email: _____

USACE: _____
(Name of District Division, District, Lab, etc.)

Person at District Responsible for filing the Receiving Report on this Project when completed

Name: _____ Email: _____

Phone: _____ Fax: _____

Selecting Official Interview Information

Selecting Official: _____ Phone: _____

Immediate Supv. of position: _____ Phone: _____

Please schedule the date and time of the Selecting Official Interview with Gallup Project Manager, Will Travis, plan on scheduling this interview for a date in the 10 day period preceding panel feedback.

Selection Panel Feedback Information	
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**Please schedule the date and time of the Panel Feedback session with Gallup Project Manager, Will Travis,
(Gallup needs a minimum of 5 business days between the last interview date and feedback)**

List below all candidates for which you will want feedback.

Indicate candidates that have interviewed in the past 3 yrs. with * after name. (If unsure check with Gallup Project Manager, Will Travis (contact information top of page))**

Candidates that need to interview should call the Gallup Interviewing Center - (800) 789-3041

Candidate Information	
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Position: _____ Grade: _____

Candidate Name	SSN	Phone Number
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[illegible]

